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NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL



DISCOVERY OF CHLOROFORM AND ETHER.—The *Journal of the American Medical Association* states in answer to a correspondent that chloroform is said to have been discovered in 1831 independently by Leibig, Soubeiran, and Guthrie. Its chemical composition was first determined by Dumas in 1834. Chloroform was experimentally studied by Flourens in 1847, and was first employed in surgical anæsthesia on November 15, 1847, by Sir James G. Simpson in Edinburgh. It had previously been used in obstetrics.

Ether was discovered, it is said, by Valerius Cordus in 1540, and was called by him *oleum vitrioli dulce*. Another authority says that the substance was discovered by an Arabian chemist, Djabar Geber, and its method of manufacture by Dr. Michael Morris. It was employed as early as 1785 as an inhalation for asthma, and its narcotic properties caused it to be used in the treatment of phthisis early in the nineteenth century. About 1840 it was common among medical students to inhale ether in order to experience the exhilarating effects. In 1842 Dr. Crawford W. Long, of Jefferson County, Ga., administered ether for the removal of a small tumor and for several subsequent minor operations. William T. G. Morton, a dentist of Boston, also claimed to have been the first to employ ether as an anæsthetic, and he administered ether on October 17, 1846, in the Massachusetts General Hospital, Boston, for Dr. Warren.

INFANTILE GASTRO-INTESTINAL AFFECTIONS.—The same journal gives a synopsis of an article on this subject from the *Brazil Medico* of Rio Janeiro. It says Meirelles claims that the diagnosis of gastro-intestinal affections should be based on the chemical reaction of the saliva, stomach contents, or stools, and not on the clinical demonstrations of gastritis, enteritis, and diarrhœa. Infantile gastro-intestinal disturbances are rarely idiopathic. Fully ninety per cent. are due to the contents rather than to the alimentary canal itself. He determines the acidity or alkalinity of the saliva, vomitus, or stools with litmus paper, and treats the disturbances by merely neutralizing the excess of either acid or alkali. He has been treating infants for nine years on these principles with invariable success. It is a scientific method, and sweeps away at one stroke all the confusion of gastritis, colitis, and all other terms which express in reality merely the results of excessively acid or excessively alkaline conditions. He has found a two per cent. solution of lactic acid effectual in restoring abnormally alkaline conditions to normal, while in case of a very acid reaction he administers every hour a teaspoonful of a mixture consisting of sixty grammes of fluid magnesia, two grammes of soda bicarbonate, and 1.5 grammes of sodium salicylate. He does not give milk for twelve hours and keeps the child on water in severe cases. The alkaline mixture is given before and after taking well-alkalinized milk. Boas has pointed out that the albumenoids are well digested in a hyperacid medium, while the carbohydrates and fats are imperfectly digested.

The neutralization is supplemented, of course, by calomel and other measures as indicated by the individual case. In case of stomatitis or other lesions of the mouth, an excessively acid saliva maintains them. The mouth should be disinfected, but not with boric acid, as this directly adds to the acidity and aggravates the lesion. A good mouth-wash in such acid cases is six parts each of sodium salicylate and borax in two hundred parts of water. When the vomitus or stools, or both, give an alkaline reaction he administers a teaspoonful of a two per cent. solution of lactic acid every ten or fifteen minutes. He adds to his communication the case report of an adult created on these principles with prompt cure of the gastro-intestinal affection.

NON-ALCOHOLISM IN GREECE.—The *Greece Medicale* of Syria calls attention to the fact that although the use of light wines is almost universal in Greece, alcoholism is practically unknown there. The purity of the wine drunk is supposed to account for this. It is made exclusively from grapes, and so contains the most harmless form of alcohol. There was no word for alcoholism in the ancient Greek language, showing that the condition was unknown.

NAUSEA AND VOMITING AFTER ETHER.—Dr. Ralph J. Hess has a paper on this subject in the *Medical Record*, in which he attributes the vomiting to the excretion of ether by the mucous membrane of the stomach acting as a gastric irritant and later producing gastritis. To prevent this effect the ether should be diluted as it is excreted. A glass of water drunk immediately before the ether is given serves to hold in solution considerable ether. Limiting the amount given and the strength of the vapor is also an important factor.

A NEW ANÆSTHETIC.—The *Philadelphia Medical Journal* mentions a new anæsthetic, acoine, which it says is destined to rival cocaine, morphine, chloral, and other anæsthetics. A drop upon a gnawing tooth diminishes pain. It is claimed that it is not toxic. Its properties were recently reported to the French Academy of Medicine by Dr. Chauvel, based upon experiments.

BURNING WITH A HOT-WATER BAG.—A suit which is of interest to nurses has just been tried for the fourth time. The *Boston Medical and Surgical Journal* says Miss Helen Ward brought suit against St. Vincent's Hospital to recover thirty thousand dollars damages for injuries alleged to have been received by improper treatment at the hospital. This resulted on March 21 in a verdict in her favor for nineteen thousand four hundred and twenty dollars, which includes an allowance for counsel's fees. Miss Ward, who is a sister-in-law of ex-Judge Howland, had an operation performed on one of her legs while she was a private patient at the hospital, and after the operation a nurse carelessly allowed a hot-water bag to remain in contact with the limb, in consequence of which, it was claimed, permanent injury had resulted. At the first trial of the suit the case was dismissed; the second resulted in a disagreement of the jury; on the third trial she secured a verdict for ten thousand dollars. The case was then appealed, and the Appellate Division reversed the judgment on the ground that the hospital was not bound to provide a patient, even though a private patient, with its best nurse, and ordered a new trial, which resulted as above.

SHOULD MILK BE BOILED?—Dr. W. R. Ransom, in the *British Medical Journal*, says there is no solid evidence to show that milk raised to its boiling-point or to the temperature of boiling water for ten minutes or a quarter of an hour suffers any loss of its nourishing qualities. Nor if it is consumed within twenty-four hours is it likely it will cause infantile scurvy. The same is true of Pasteurized milk. None of these methods render the milk absolutely sterile, but they do kill the majority of the germs. If the milk is kept cool and used within twelve hours few or no spores will have developed into bacilli. Heating to 212° F. or the boiling point is the most reliable and effectual process. In times of epidemic summer diarrhœa the heating should be prolonged for at least half an hour and the milk drunk within a few hours, or subjected again to the process, as the spores of the bacillus sporogenes enteriditis have great resistive powers. Milk, whether raw or sterilized, should be drunk as fresh as possible to diminish the liability to diseases of the stomach, intestines, and of nutrition. Infants should never be exposed to the dangers that lurk in raw milk.

STERILIZING CATHETERS.—In the same journal there is a valuable contribution by Dr. F. J. Cotton, recommending two methods of sterilizing gum-elastic catheters and bougies. First by boiling them in a saturated solution of ammoniac sulphate or of common salt. He claims that all the gum-elastic catheters, bougies, and filiform bougies usually sold may be boiled in either of these solutions repeatedly and for long periods without essential damage. He thinks that these methods are fitted to remove the reproach of gum-elastic instruments that they are not sterile and to make them as thoroughly aseptic as metal instruments.

ANTISEPTIC DRESSING.—Dr. Sharpe in the New Orleans *Medical and Surgical Journal* describes an antiseptic dressing consisting of gum-camphor and carbolic acid triturated together until they form a liquid. Olive oil is added in a proportion of one part of the liquid to three or six of olive oil, in which it is soluble. It is practically a local anæsthetic, and he thinks it the best all-round aseptic and antiseptic dressing he has ever used. He finds it very soothing for burns, stimulating healthy granulations, and a good local application in eczema, tetter, erysipelas, etc. It is not merely a surface remedy, but penetrates into the diseased tissues. He asks whether, as camphor and carbolic acid make a non-toxic compound, camphor would not be an antidote to carbolic-acid poisoning.

ACTION OF QUININE UPON THE PARASITE OF MALARIA.—The New York *Medical Journal* quotes from a foreign exchange a paper on this subject. The authors found that when a drop of solution of quinine bi-sulphate in distilled water was placed on the edge of a cover-glass having a dry preparation of malarial blood certain changes occurred in the parasites which were in proportion to the strength of the quinine solution. If this were very weak, the parasites rapidly contracted, and after a few minutes expanded again to give exit to a number of pseudopods. Greater concentrations of the solution brought about more marked degrees of stimulation in the parasites, and the latter ended by detaching themselves from their red cells. If the solution were very strong, however, the parasite contracted permanently and remained in the red cells. They found by experiments with quinine upon patients that the dose required varied in the different forms of malarial infection.